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Hydrophobia
Hydrocephalus
Epilepsy
Cataract
Diabetes

1807

Observations

on

Cataract

by

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Observations &c. &c.

From the importance of Vision, the Eye, perhaps, is the most interesting Organ of the Body. — It has been denominated the "mirror of the soul" - and the "master piece of Nature". - That delicacy of structure however, which is so much the object of admiration, renders it peculiarly liable to disease. — From the copious Catalogue of its morbid affections, we have selected the one, known by the term Cataract, as the subject of the ensuing observations. — This complaint was wholly misunderstood by the ancient medical writers. — To Lafrendaes, Rauhalt and Borrelli we are indebted for the earliest description which approximates to a correct view of it. — But the celebrated Heister, in his treatise "de Cataracta in lente Chrystallina" has demonstrated satisfactorily, that the Chrystalline Lens is generally the seat of the

disease, and, we may therefore ascribe to him with more justice, the credit of the real discovery of the nature and seat of Cataract. —

We define the complaint to be an opacity of the Chrystalline Lens, or its investing membrane, intercepting the rays of light in their transmission to the Optic Nerve. —

The approach of Cataract is commonly announced by a numerous train of symptoms, but especially by pain in the part, and head ache. — Cases, however, sometimes occur where the disease is suddenly formed without any admonitory indications whatever. — We are told of many other symptoms which attend the forming stage of the affection, such as, an apparent obliquity in the direction of objects, owing to an alteration in the refraction of the rays of light &c. &c. But, a minute detail of the symptoms

is not our design, and we therefore, proceed to notice the

Remote Causes.

These are, blows on the part; or any accident which produces concussion of the Globe of the Eye, and occasions derangement beyond the capacity of restoration; - Mechanical irritation from extraneous substances entering the eye; - long and painful exercise of the Organ, and the excessive glare from brilliant Light. - It is also said sometimes to be the consequence of other diseases, namely, of scrofula, Gout, and Lues Venerea.

Its Proximate Cause,

has been ascribed to an obstruction in the vessels of the Lens. But obstruction seems rather to be the proximate effect, than the immediate cause of the disease.

It more probably consists in inflammatory action of the

Lens or its Capsule. —

We know, that adhesions result from inflammation in other parts of the body, and hence, we presume, arise those adhesions which are observed to take place between the Capsule, Uvea & Lens.

In objection to inflammation as the proximate cause, it may be urged, that, no Vessels have ever been detected in the Chrystalline Lens. — But the Lens, surely, like every organized part must be nourished, and, how can this work be accomplished without the existence of Vessels? — The objection therefore, does not strike us as militating in the slightest degree against the validity of the theory.

We come now to treat of the Cure of the Complaint. Little is to be expected from the use of internal remedies. — Many, we are apprised, have been tried at different times, but certainly, with very equivocal

cures. We know, indeed, of no one which is still to enter conjecture. —

Mercury, by its power of exciting absorption, promises the greatest advantage. — It may, in this way, occasionally be of service by removing an obstruction, and cleaning the eye. — But as a Medicine, we suspect, can only do good in a slight stat of cataract. —

When the complaint is complete, cannot rely exclusively on the surgical operation, and shall, therefore, now describe it. —

Modes of performing the Operation are, at present, practised, and each one is supported by independent authority. —

They are technically designated by the terms of the Extraction. —

In the first Operation, the Lens is removed from its natural position in the axis of vision, and deposited at the bottom of the Eye, which is done, by introducing a Needle through the sclerotic coat about the breadth of an inch from the Cornea behind the iris, so as to pierce the middle of the Lens. By means of the handle of the Instrument, the Lens is pushed to the bottom of the Eye, and lodged beneath the Vitreous humour. —

In the second Operation a flap of the cornea, the iris is also taken out by the section of the Cornea. In this Operation, we shall speak hereafter more fully.

But as the mode of operating is recommended and continued to be practised by Surgeons eminently distinguished by their skill and experience, yet on a due examination of the arguments, by which the two methods are vindicated, we are inclined to adopt the one by extract.

We shall not mention all the considerations which have led to our decision, but content ourselves with stating those which appear the most conclusive. —

1st. It is attended with less pain, as appears from the testimony of those on whom the operation has been performed in both ways.

2. It alters less the intention of the operation, which is the removal of the lens or capsule. —

3. There are cases of the disease that can only be embraced by it, such as those called Membranous Cataracts, in which the capsule is affected.

4. It is a more certain operation. — For there are not warnings, as when the disease has reduced the lens resuming its situation after the needle has been withdrawn. — Where this happens, the operation is rendered abortive and must be repeated.

It has been urged against the removal of the lens by suction that it is often followed by opaque cornea, and that there is danger of the escape of the vitreous humour. But we conceive these objections to be of little weight, and are rather to be considered as

[illegible] from the authority of the surgeon, has an [illegible] to the operation. The injurious consequence to the tender [illegible] by the use of a sharp knife, and the escape of the [illegible] occur from rude and improper pressure on the eye: And [illegible] receiver's [illegible] time, it [illegible] to the [illegible], since we have proofs of the reproduction of the humour [illegible] cases. However, we should change a [illegible] good [illegible] It remains for us to describe the operation.

Having ascertained, which may be done with almost certainty, the indications which are familiar to every experienced surgeon, that it is of the nature to be remedied by the operation we may undertake it. The patient should be placed on a table [illegible] the affected eye to the window, having had the ordinary dilating [illegible] applied. His head being rested in a proper position, an assistant must raise the upper eye lid, taking care not to press [illegible] on the [illegible] The surgeon seated on a chair rather higher than that of the patient to depress the lower lid with one hand, and with the other to make

division of the cornea. This is done in the following manner.

The hand being fixed on the cheek of the patient, the knife is held on edge or sideways of much from the circular cut and the point is thrust through the cornea, till it comes out at the inner angle.

In cutting the cornea, it occasionally happens, from the nature of the aqueous humour, that the iris comes forward and enters the wound of the knife. It may be made to recede by inclining the eye with the end of the finger. After the section of the cornea has been made, and the patient is allowed a short interval of rest, the process is renewed by expressing the eye, and the capsule is then cut with a needle, cautiously avoiding any injury of the iris. This done, the needle, the eye is again left for a few minutes, to permit the patient to dilate; the operator then introduces the scoop, with a gentle pressure on the eye. By this pressure with a view of extracting the lens, the surgeon will guard against dislodging the vitreous humour; and operate this by according to the circumstances of the case. If a reasonable

of pressure should not remove the lens, the hook is to be resorted to, and if neither answers the purpose, the resistance is to be suspected as proceeding from adhesions between the Capsule and the posterior surface of the Iris. — In which event, the adhesions are to be seperated by the needle. —

When we have grounds to presume the Capsule to be opaque it will be expedient to remove it before the lens, for it is most readily laid hold of while surrounding the Lens, and the Lens may afterwards be taken out by the hook. —

After the Operation, the eye is closed, and a compress of soft Linen is put over it, moisten'd with a weak saturnine solution; and the whole secured by the usual bandage. —

The Patient ought to be confined to a dark Room, and restricted to a low abstemious diet. —

It will perhaps be prudent to tie the hands of the Patient to the Bedsides to obviate his disturbing of the eye. —

The dressing should be renewed every day, and the edges of the

devided Cornea kept in apposition.

If pain or fever supervene, they are to be treated as from other causes. In about ten days after the Operation, the eye may be examined, and if the patient find any restoration of Vision, we may indulge the hope of success.

Patients are commonly dismissed in three or four weeks from the period of Operating, if nothing particularly unfavorable has retarded the progress of the cure.

The End.